

State Nan	ne:	lowa						OMB Contr	ol Number	: 0938-1148
Transmitt	al N	lumber: IA -	17 - 0009		***************************************			Expi	ation date:	10/31/2014
Cost Sh	ari	ng Amount	s - Categorica	lly Needy l	Individua	ls				G2a
		52 through 54 rges cost shari	ng to <u>all</u> categoric	ally needy (M	fandatory C	Coverag	e and Opti	ions for Coverage) individua	1 s.	Yes
Servi	ces	or Items with	the Same Cost S			Incom	es			
		Service or Iter	n Amount	Dollars or Percentage				Explanation		
+				\$	Other					X
		cate the incom	e ranges by which	the cost shar	ring amount				4	nove Service or Item
		<u> </u>	than or Equal to 50% FPL	Amount 0.00	Percentage	T	Unit	Explanation 1	on	
	+	0% FPL 50% FPL	No upper limit	1.00	\$	Presci	ription	Copayment charged for each	h covered	drug
	magani	J0/011 L	TVO uppor mine	1.00	\$	Presc	ription	dispensed. The cost to the swithout regard to federal fi participation in the Medica rebates received. Any bransubject to prior approval by preferred status on the pref published by the Departme Iowa Code Section 249A.2 as a preferred brand-name	State is det nancial id program d-name dru ased on non erred drug nt pursuan OA shall b	ermined n or any ng not n- list t to
	Ser	vice or Item:	Non-preferred brar	nd-name drug	s for which	the co	st to the St	ate is \$25.01 to \$50	Rer	nove Service or Item
	Ind	icate the incon	ne ranges by which	h the cost sha	ring amoun	t for th	is service	or item varies.		
		Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	ì	Unit	Explanati	on.	
	+	0% FPL	50% FPL	0.00	\$	di	ription			Х
		<u> </u>			4					

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	Incomes	Incomes Less		Dollars or	** *.	Then I am ation	
		than or Equal to		Percentage	Unit	Explanation	<u> </u>
-	50% FPL	No upper limit	2.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	>
					.1	Remove Ser	vic
Serv	rice or Item:[N	lon-preferred bran	id-name drug	s for which	the cost to the s	tate is \$50.01 or more or Item	
ndio	cate the incom	e ranges by which	the cost sha	ring amoun	for this service	or item varies.	
	Incomes	Incomes Less		Dollars or			
		than or Equal to	Amount	Percentage	Unit	Explanation	+_
+	0% FPL	50% FPL	0.00	\$	Prescription		2
	50% FPL	No upper limit	3.00	\$	Prescription	Copayment charged for each covered drug dispensed. The cost to the State is determined without regard to federal financial participation in the Medicaid program or any rebates received. Any brand-name drug not subject to prior approval based on non-preferred status on the preferred drug list published by the Department pursuant to Iowa Code Section 249A.20A shall be treated as a preferred brand-name drug.	7
Can	vice or Itami	Chiropractor servi	ner .			Remove Se	
	i				4.6	or Item	<u> </u>
lndi		ne ranges by which	n the cost sna			of item varies.	Т
	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	ł.	Explanation	
+	0% FPL	50% FPL	0,00		Day		
-	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	
	i.	Physical therapy				Remove Se or Iten	
Ind		ne ranges by whic	th the cost sha			e or nem varies.	Т
	Incomes Greater than		Amount	Dollars of Percentage	1	Explanation	
+	0% FPL	50% FPL	0.00	\$	Day		
+	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total services rendered on a given date.	
<u></u>	4					Remove Se	
~·····	r	Podiatrist services					** '

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	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation		
+	0% FPL	50% FPL	0.00	\$	Day			,
-	50% FPL	No upper limit	1.00	\$	Day	Copayment charged for the total rendered on a given date.	ıl services	
							Remove Se	IV
Ser	vice or Item:[A	mbulance service	5				or Item	1
ndi	cate the incom	e ranges by which	the cost shar	ing amount	for this service	e or item varies.		
	Incomes	Incomes Less		Dollars or				
		than or Equal to		Percentage	Unit	Explanation		4
+	0% FPL	50% FPL	0.00	\$	Day			
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the total rendered on a given date.	al services	
~	- T						Remove Se	
Ser	vice or Item:[A	audiologist service	S		·····		or Iten	1
Indi	cate the incom	e ranges by whicl	the cost sha	ring amount	for this service	e or item varies.		
	Incomes	Incomes Less		Dollars or				
	Greater than	than or Equal to		Percentage	Unit	Explanation		
.	0% FPL	50% FPL	0.00	\$	Day			
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the tot rendered on a given date.	al services	
	<u> </u>				I		Remove Se	er
Ser	vice or Item: H	learing aid dealer					or Item	n
Ind	icate the incon	ne ranges by which	h the cost sha	ring amoun	t for this servic	e or item varies.		
	Incomes	Incomes Less		Dollars or				
***************************************	1 '	1110011103 10033		•	1	Explanation		
***************************************	Greater than	than or Equal to	Amount	Percentage	Unit	Explanation		
-	Greater than 0% FPL	than or Equal to 50% FPL	Amount 0,00	Percentage	1	Explanation		
+	0% FPL	50% FPL	0,00	\$	Day		al services	
+	ŧ		Amount 0,00 2.00	\$	1	Copayment charged for the tot rendered on a given date.	al services	
+	0% FPL 50% FPL	50% FPL No upper limit	0.00 2.00	\$	Day Day	Copayment charged for the tot rendered on a given date.	al services	er
+	0% FPL 50% FPL	50% FPL	0.00 2.00	\$	Day Day	Copayment charged for the tot rendered on a given date.		
- H	0% FPL 50% FPL rvice or Item:	No upper limit Medical equipmen	0.00 2.00 t, appliances,	\$ prosthetic	Day Day devices, and sid	Copayment charged for the tot rendered on a given date.	Remove S	
- H	0% FPL 50% FPL rvice or Item:	No upper limit Medical equipmenter ranges by whice	0.00 2.00 t, appliances,	\$ prosthetic aring amoun	Day Day devices, and side of this services.	Copayment charged for the tot rendered on a given date.	Remove S	
- H	0% FPL 50% FPL rvice or Item:	No upper limit Medical equipment ranges by whice Incomes Less	0.00 2.00 t, appliances,	\$ prosthetic	Day Day devices, and sid	Copayment charged for the tot rendered on a given date.	Remove S	
- H	0% FPL 50% FPL rvice or Item: licate the incom Incomes Greater than	No upper limit Medical equipment ranges by whice Incomes Less	0.00 2.00 I, appliances,	\$ prosthetic or amount Dollars or Percentage	Day Day devices, and sid	Copayment charged for the tot rendered on a given date. ckroom supplies ce or item varies.	Remove S	
Sen	o% FPL 50% FPL rvice or Item: licate the incomes Greater than 0% FPL	No upper limit Medical equipment ranges by which incomes Less than or Equal to	0.00 2.00 I, appliances, th the cost sha	\$ prosthetic or percentage \$	Day Day devices, and side of this services. Unit	Copayment charged for the tot rendered on a given date. ckroom supplies ce or item varies.	Remove So or Iter	
Sen	0% FPL 50% FPL rvice or Item: licate the incomes Greater than 0% FPL 50% FPL	No upper limit Medical equipment ranges by whice Incomes Less than or Equal to 50% FPL	0.00 2.00 t, appliances, h the cost sha Amount 0.00	\$ prosthetic aring amount Dollars or Percentage \$	Day Day devices, and sic t for this service Unit Day	Copayment charged for the tot rendered on a given date. Ekroom supplies The or item varies. Explanation Copayment charged for the tot	Remove So or Iter	<u>n</u>

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	Incomes	Incomes Less		Dollars or				1
		than or Equal to		Percentage	Unit	Explanation	On .	
+	0% FPL	50% FPL	0.00	\$	Day			>
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the rendered on a given date.	total services	2
	L	ptometrist service					Remove So or Iter	
ndi		e ranges by which	the cost sha	ring amount Dollars or	for this service	or item varies.		- T -
	Incomes Greater than	Incomes Less than or Equal to	Amount	Percentage	Unit	Explanation	on	
-		50% FPL	0.00		Day			2
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the rendered on a given date.	total services	3
	£	Orthopedic shoes					Remove Se or Iter	
Indi		e ranges by which	the cost sha		for this service	or item varies.	·····	
	Incomes	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanati	on	
+	0% FPL	50% FPL	0.00	1	Day			Ž
8	ı			<u> </u>	124J			
+	50% FPL	No upper limit	2.00	\$	Day	Copayment charged for the rendered on a given date.		
Ser	vice or Item:	No upper limit Psychologist service ranges by which	ces	<u> S</u>		rendered on a given date.	Remove S	ervi
Ser	vice or Item: Ficate the incom	Psychologist service ranges by which Incomes Less	h the cost sha	aring amoun Dollars or Percentage	t for this service	rendered on a given date.	Remove S or Ite	ervi
Ser	vice or Item: Fricate the incomes Greater than	Psychologist service ranges by which Incomes Less	ces h the cost sha	aring amoun Dollars or Percentage	t for this service	rendered on a given date. e or item varies.	Remove S or Ite	ervi
Ser Ind	vice or Item: Fricate the incomes Greater than	Psychologist service ranges by which Incomes Less than or Equal to	h the cost sha	aring amoun Dollars or Percentage	t for this service	rendered on a given date. e or item varies.	Remove S or Ite	ervi
Ser Ind	vice or Item: Fricate the incomes Greater than 0% FPL 50% FPL	Psychologist service ranges by which incomes Less than or Equal to 50% FPL No upper limit Rehabilitation age:	Amount 0.00 2.00 ncy services	Dollars or Percentage	t for this service Unit Day Day	rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date.	Remove S or Ite	ervi
Ser Ind	vice or Item: Fricate the incomes Greater than 0% FPL 50% FPL rvice or Item: It licate the incom	Psychologist service ranges by which incomes Less than or Equal to 50% FPL. No upper limit Rehabilitation ages the ranges by which	Amount 0.00 2.00 ncy services	Dollars or Percentage	Unit Day Day t for this service	rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date.	Remove S or Ite	ervi
Ser Ind	vice or Item: Fricate the incomes Greater than 0% FPL 50% FPL	Psychologist service the ranges by which Incomes Less than or Equal to 50% FPL No upper limit Rehabilitation ages the ranges by which Incomes Less	Amount 2.00 2.00 Amount Amount Amount	Dollars or Percentage \$ Arring amoun Dollars or Percentage	Unit Day Day t for this service	rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date.	Remove S or Ite	ervi
Ser Ind	vice or Item: Fricate the incomes Greater than 0% FPL 50% FPL rvice or Item: It licate the incomes Greater than Greater than	Psychologist service the ranges by which Incomes Less than or Equal to 50% FPL No upper limit Rehabilitation ages the ranges by which Incomes Less	Amount 0,00 2,00 ncy services h the cost sha	Dollars or Percentage \$ aring amoun Dollars or Percentage	Unit Day Day t for this service	rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date. e or item varies. Explanation	Remove S or Iter ion e total services Remove S or Ite	ervi
Ser Ind	rvice or Item: Fricate the incomes Greater than 10% FPL 150% FPL 1	Psychologist service ranges by which incomes Less than or Equal to 50% FPL. No upper limit incomes Less than or Equal to 150% incomes Less than or Equal to	Amount 2.00 2.00 Amount Amount Amount	Dollars or Percentage \$ aring amoun Dollars or Percentage	Unit Day Day t for this service	rendered on a given date. e or item varies. Explanation Copayment charged for the rendered on a given date. e or item varies.	Remove S or Iter ion e total services Remove S or Ite	ervi
Ser Ind	rvice or Item: Fricate the incomes Greater than 10% FPL 150% FPL 1	Psychologist service ranges by which incomes Less than or Equal to 50% FPL. No upper limit Rehabilitation ages than or Equal to 50% FPL. Incomes Less than or Equal to 50% FPL. No upper limit	Amount 0,00 2,00 ncy services h the cost sha	Dollars or Percentage \$ aring amoun Dollars or Percentage	Unit Day t for this service Unit Day Unit Day	rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date. e or item varies. Explanati Copayment charged for the rendered on a given date.	Remove S or Iter ion e total services Remove S or Ite	ervi m Servi

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- 1	Incomes	Incomes Less	1	Dollars or	Unit	Explanation	
		than or Equal to 50% FPL	0.00	Percentage		Explanation	
+	0% FPL	30% FPL	0.00	\$	Day		
4	50% FPL	No upper limit	3.00	\$	Day	Copayment charged for the total services rendered on a given date	
						Remove	Serv
Serv	vice or Item: S	ervices rendered i	n a physician	(MD/DO)	office visit	or It	
indic	cate the incom	e ranges by which	n the cost shar	ring amount	for this service	or item varies.	
Ţ	Incomes	Incomes Less		Dollars or			
	Greater than	than or Equal to	Amount	Percentage	Unit	Explanation	
4	0% FPL	50% FPL	0.00	s	Day		
	50% FPL	No upper limit	3.00			Copayment charged for the total services	
wf=	3070 FFL	No upper man	3.00	\$	Day	rendered on a given date.	
		<u> </u>			<u>I</u>	Remove	Sen
Serv	vice or Item:	Medicare Part B cr	ossover clain	as		or I	
	L						
Indi	cate the incon	ne ranges by which	h the cost sha		t for this service	c or item varies.	
	Incomes	Incomes Less		Dollars or	** *,	Deminstin	
	1	than or Equal to		Percentage	Unit	Explanation	
+	0%	50% FPL	0.00	\$	Other		
	50% FPL	No upper limit	1,00			Dually eligible (Medicare and Medicaid)	
	50/01115	1.0 apper			WITHOUT	members must make a copayment for each	h
				\$	Other	Medicare Part B (crossover) claim submit	ted
-		1				to Medicaid, for services for which Medic	aid
						otherwise collects a copayment.	
						Remove	Ser
Ser	vice or Item:	Non-Emergency u	se of the ER				tem
	· .	ne ranges by whic		aring amour	nt for this servic	e or item varies.	
	Incomes	Incomes Less		Dollars or			
111,04	HILOHROS		Amount	Percentage	Unit	Explanation	
11101	Greater than	than or Equal to	Ainoune				
	1	than or Equal to 50%	0.00	ا (و	Visit		
-	Greater than	50%	0.00	\$	Visit	Consument charged for nonemarganous	
+	Greater than		0.00	\$		Copayment charged for nonemergency	
	Greater than	50%	0.00	\$	Visit Visit	Copayment charged for nonemergency services when provided in a hospital emergency room.	лшм

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Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise <u>Exempt</u> Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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